MULTIPLE DEPENDENT CLAIM FEE CALCUITON SHEET

(FOR USE WITH FORM PTO-875)

SER 10/522036

FILING DATE

APPLICANT(S)

	ASI	AS FILED		AFTER		AFTER		3	AS FILED		AFTER			777
		ļ		1"AMENDMENT		2 AMENDMENT					I AMENDMENT		AFTER 2 MAMENDMENT	
-	IND.	DEP.	IND.	DEP.	IND.	DEP.	4 1		IND.	DEP.	IND.	DEP.	IND.	
2	1		 				- :	51 52						
3	1						1 1	53						
4		1-3]	54						
6	+	3	<u> </u>] [55						
7	1	3					1 1	56						
8	 	3					1 1	57						
9		3					1 1	<u>58</u> 59						
10		<i></i>				0	1 t	60						
11		 					1 t	61						
12 13		3					l [62						
14	 	3						63						
15	i i							64						
16		7						65						
17		1,					F	66 67						
18	 	<i>,</i>					l	68						
19	-							69					·	
20 21								70						
22	1	-/-						71						
23					 		-	72						
24								73 74						
25		·					ŀ	75						
26	ļ						<u> </u>	76						
27								77				-+		
28 29								78						
30		7.3					_	79						
31							-	80						
32					_		-	81 82						- :
33							-	83	+					
34								84						
35								85			1			
37							- 1	86		1				
38					-+		 	87					·	
39							⊢	88 89						
40								90						
41	 		$ \Box$					91				 -		
42			$-\!\!\!-\!\!\!\!\!+$					92						
44					 		<u> </u>	93	$-\!\!\perp\!\!\!\perp$					
45							-	94						
46							-	96					\longrightarrow	
47								97				 -		
48								98						
<u>49</u> _50				 -]		99						
OTALIND.	1/1	B	- +	B		JL.	}-	100						
OTAL DEP	211	, * F		_ F		*	10	TAL IND.		4		4		4
TOTAL	00/18	64		1		60	-	TAL DEP		(2		(a	4	(=
CLADAS	31				§			TOTAL LADIS	2		装		3	2272
PTO - 1360	(REV. 11/04)								U.S	S. DEPARTM	IENT of COM			